**Glossary**

**Attention Deficit Disorder (ADD)** A neurological problem affecting attention. At times the child may be distracted by everything around him or her, while at other times may have an unrelenting drive to engage in preferred activities for long period of time. The child with ADD may be impulsive and easily frustrated. In addition, if the child just can’t stop fidgeting and moving, the problem is called Attention Deficit with Hyperactivity (ADHD).

**Auditory Defensiveness** Hypersensitivity to noises and sounds not usually considered bothersome to other people. The sounds from vacuum cleaners, tea kettles, radio and television, certain kinds of music, sudden loud noises, or even certain peoples’ voices can range from annoying to painful. Some children will cover their ears when they hear what they perceive to be irritating sounds.

**Arousal Level (see Modulation)** Term used synonymously with levels of modulation or stimulation.

**Disinhibition** Some people are unable, or inconsistently able, to screen out unimportant sensory information. Disinhibition of the screening mechanism of the brain (see inhibition) can feel almost intolerable. One child described how he felt on being unable to filter this bombardment of sensory information. He said, “There’s a traffic jam in my head”.

**Dyspraxia** Trouble learning the steps in a new skill and difficulty performing this skill smoothly and automatically. Shoe tying, dressing, and mealtime skills may be difficult one day and be unable to do it the next day. One child commented, after throwing a ball well, “How did I DO that?”

**Fight-Flight-or-Freeze Response** Responding to ordinary, everyday happenings, not just raging bulls and speeding trucks, as if they were life threatening. The child may react by fighting, running away, or being so panicked he can’t move. The fight-flight-or-freeze response is the behavioral by-product of our autonomic nervous system’s response to real or perceived threat.

**Filtering** An instinctive, preconscious skill that makes it possible to scan the environment and selectively screen out nonessential or distracting sensory information.

**Gravitational Insecurity** Fear of being off the ground, sometimes to the extent of panicking. If severe, the person may feel as if he or she is falling if his or her head is tipped back. Children with this problem often have poor integration of the senses in the inner ear, muscles, and joints, which are so vital for a good relationship to gravity. Please refer to “Proprioception” and “Vestibular System” in this glossary.

**Hypersensitivity** Acute awareness of the environment, sometimes to the point of pain. Although one sense may be more “raw” to the environment than another, there is frequently hypersensitivity in most of the basic senses; smell, touch, movement, vision, and hearing. A person who is very sensitive may react with avoidance or with strong aversion.

**Hyposensitivity** “Muffed” or dampened sensory awareness of the environment. This diminished sensory perception manifests as an unusually high tolerance for typically aversive stimuli, such as acute pain, or loud noise. To truly assess hyposensitivity, pathological causes, such as nerve damage, must be ruled out.

**IDEA** The Individuals with Disabilities Education Act, PL99-457, and amendments. This law states that school districts must provide appropriate services for students identified as requiring assistance to achieve educational performance needs.

**Inhibition** There is so much going on around us all the time that our nervous system couldn’t possibly handle it all without “malfunctioning”. Inhibition is a critical function of the nervous system and is necessary to prevent sensory overload. (See Disinhibition). Just a few examples of activities for inhibition include pushups, bicycling, or running. The person’s “sensory diet” can be planned to provide the inhibition he or she needs.

**Learning Disorder** Challenges with learning to read, write, or do math that can’t be accounted for by straightforward problems with vision or hearing, or with lack of exposure to educational programs. Alternative educational approaches are often needed, and should be tailored to play to the child’s strengths as a means of engaging the child in successful learning experiences.

**Modulation** The ability of the nervous system to have a “middle ground” or “comfort zone” of regulation as the person interacts with the challenges of daily life. A child with a sensory processing problem may have poor modulation with a narrow “comfort zone”.

**Motor Planning/Praxis** The fluent synchrony of thought and movement resulting in organized, intentional action. Purposeful movement is praxis in action. When someone has a well-developed sense of praxis his or her intuitive understanding of how to move or manipulate objects reflects this fluent synchrony of though and action. People who are dyspraxic, or lack a well-developed sense of praxis, will often

develop compensatory thinking strategies requiring much more thought, planning, and organization to accomplish novel movement tasks.

**Proprioception** This term combines the Latin word, “proprio,” which translates to “within the body,” and the English word “receptive”. It is the awareness of ourselves gained through muscles and joints and through other receptors within our own bodies.

**Self-Regulation (see Modulation) Sensory Diet** The individual person’s specific “inhibition” or “facilitation” activities strategically planned throughout the day to deal with stress, keeping the nervous system in a state of balance (see Modulation). Inhibition activities provide the nervous system with body-based ways of calming and organizing. Learning to self-assess and take the appropriate action to bring one’s nervous system into a balanced state is an essential feature of the sensory diet concept.

**Sensory Discrimination** Taking in information through all or senses, then processing, filtering, and interpreting all these sensations with our bodies and minds as a basis for development of a skill.

**Sensory Integration** The process of taking in information about the world around us with all our senses and from inside our own bodies. Through integrating and organizing all these senses of vision, touch, movement, muscle sense, hearing, and smell, we are able to interact comfortably and efficiently in work, play, and in caring for ourselves and others.

**Sensory Modulation (see Modulation) Tactile** Referring to touch. Touch can be basic awareness of where and how a person has been touched, or it can involve more discriminative touch as a base for the development of a skill.

**Tactile Defensiveness** Responding to light or unexpected touch as if it were uncomfortable or threatening. It is a hyper or aversive reaction to being touched that interferes with relating comfortable to other people. The child may object having tags in the back of shirt, wearing “tickly” clothing, having hair washed or teeth brushed, or handling certain textures. A person with tactile defensiveness may be sensitive to other sensations as well, with constant vigilance, always being on the defensive.

**Undersensitivity (see Hyposensitivity) Vestibular System** The sensory system with receptors in the inner ear. It responds to changes in head position to help us keep our balance. This system is constantly “checking in” with our eyes, muscles, and joints to keep us oriented to gravity and to how we balance and move our bodies.

*Adapted from Answers to Questions Teachers Ask About Sensory Integration*